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Methodical Approach to the Formation and Implementation of Socio-Economic Policy of Regional Health Care Development

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Abstract

The article describes the methodical approach to the formation and implementation of socio-economic policy of regional health care development in the Russian Federation. This methodical approach is based on the assessment of the strategic potential of regional health care. The essence of its main steps are revealed. The main directions of socio-economic policy of regional health care development are also suggested.

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1. Introduction

Currently, the Russian Government has chosen a policy of systemic modernization of the health care industry. The need to reform the health care system is confirmed with set of actual issues, including lack of financing of the sector, the deterioration of the demographic situation, the poor quality and availability of medical care. Due to the redistribution of powers and sources of funding between the Federal and regional levels of government of the Russian Federation, which favors the latter, issues of improving the socio-economic policy in the sphere of management of health care development at the regional level has become de facto. We would note that almost all the actions of the

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Federal government, aimed at the modernization of the health care system, were mostly tactical, operational, non-system and without strategic direction. In addition, significant differentiation of Russian regions in terms of socio-economic and demographic parameters leads to different level of efficiency of the activities of the state target programs. Often, the resource constraints of the regions are the main criterion in the selection of problems for software development, which often leads to the priority of the current (although important) problems over the strategic ones. In most cases, programs are not able to systematically solve problems in the field, and lead only to the improvement of individual components, which in general does not provide a transition of the health care system to a qualitatively new level, which doesn't increase the efficiency of its operation and does not solve the actual problems.

Thus, the substantial differentiation of Russian subjects justifies the need of forming renewed ideology of the regional socio-economic health policy focused on sustainable own (internal) development of the health care system taking into account the peculiarities of its strategic potential.

2. The theoretical and methodical basis for the formation and implementation of socio-economic policy of regional health care development

2.1. The essence of socio-economic policy of regional health care development

A lot of scientific publications are devoted to studies of functioning and development of health care system. A number of researchers (Ifanti, 2013; Mur-Veeman, 2008 ; Aujoulat, 2001 ; Cabiedes, 2001; Sheiman, 2014, Shevski, 2014 etc .) discussed issues of the health care system relationships and dynamics of socio-economic development of the state. Also, a number of authors (Karanikolos, 2013, Mladovsky, 2013, Cylus, 2013, Thomson, 2013 ; Siskou, 2013, Kaitelidou, 2008, Papakonstantinou, 2008, Ettelt, 2012, Mackenbach, 2013 ; White, 2013 ; Scott, 2014 ; Voncina, 2007 ; Kieke, 2013 etc.) gave a detailed revelation in their works about the essence of governance mechanisms of health care administration, the priorities of the state policy in the field of health .

In addition, such questions are being actively covered in the reports of the World Health Organization (WHO) and the Organization for Economic Cooperation and Development (OECD).

Key issues and conditions of health care development at various levels (national, regional, municipal) are deeply studied by Russian researchers. Particular attention is paid to the analysis of the resource potential of the field, features of ongoing modernization of health care in Russia, political and legal aspects of its provision.

Currently, health care in the Russian Federation is in crisis. Despite significant infusion of state funds in this sector, the main problems remain unresolved in most regions of the Russian Federation. The level of health funding remains insufficient and one of the lowest in the world. Thus, in the Russian Federation in 2011 and in 2013, public expenditures on health care are about 3,7% of GDP, that is at least two times lower than the average in the EU countries and the USA [Vertakova, Vlasova, 2013] (Table 1).

Table 1. List of some of sorted countries of the world by their total expenditure on health at purchasing power parity (PPP) per capita, and their total expenditure on health as a percentage of GDP, in 2011 and 2013

Country	Total health expenditure per capita PPP Int.\$, 2011	Total health expenditure per capita PPP Int.,\$ 2013	Total health expenditure % of GDP 2011	Total health expenditure % of GDP 2013
<u>United States</u>	8,508	8,745	17,7	16,2
<u>Norway</u>	5,669	6,758	9,3	9,6
<u>Switzerland</u>	5,643	6,080	11,0	9,3
<u>Netherlands</u>	5,099	5,178	11,9	11,8
<u>Austria</u>	4,546	4,896	10,8	11,1
<u>Canada</u>	4,522	4,602	11,2	10,4
<u>Germany</u>	4,495	4,884	11,3	10,9
<u>Denmark</u>	4,448	4,698	10,9	10,9
<u>Luxembourg</u>	4,246	4,578	6,6	7,1
<u>France</u>	4,118	4,288	11,6	11,2
<u>Belgium</u>	4,061	4,419	10,5	10,5
<u>Sweden</u>	3,925	4,106	9,5	9,5

<u>Ireland</u>	3,700	3,890	8,9	9,1
<u>United Kingdom</u>	3,405	3,289	9,4	8,9
<u>Finland</u>	3,374	3,686	9,0	9
<u>Spain</u>	3,072	2,987	9,4	9,3
<u>Italy</u>	3,012	3,183	9,2	8,6
<u>Portugal</u>	2,619	2,496	10,2	9,5
<u>Greece</u>	2,361	2,409	9,1	9,3
<u>Russian Federation</u>	1,277	1,283	3,7	3,7

Source: OECD Health Data, 2014; WHO World Health Statistics, 2014 [WHS, 2014, OECD Health Data, 2014]

The total expenditure on healthcare per capita has increased almost in all countries in 2013 to compare with 2011. The U.S. spent \$8,508 on healthcare per person in 2011 and even more (\$8,745) in 2013. Norway, the Netherlands and Switzerland are the next highest spenders, but they all spent at least \$3,000 less per person in 2011 and 2013. The average spending on health care among the other 33 developed OECD countries was \$3,268 per person. The U.S. devotes far more of its economy — 17,7 percent of GDP in 2011 and a little less (16,2 percent) in 2013— to health than any other country. The Netherlands is the next highest, at 12 percent of GDP, and the average among OECD countries was almost half that of the U.S., at 9,5 percent of GDP [Vertakova, Vlasova, 2014, K. Bello, 2015].

Lack of financial resources in the health care system generates a number of negative consequences: the low salaries of medical personnel, problems of providing the population with free medicines, absence of the possibility of compliance with treatment standards and providing hospitals with modern equipment and consumables [Tragakes, 2010]. Along with this, in terms of life expectancy and mortality Russia lags behind most developed countries of the world (table 2). It takes the last place on this indicators among developed countries (life expectancy is about 70 years, mortality is about 14 deaths/1000 persons).

Such number of unsolved problems clearly indicates a lack of consistency of the reforms of the health care sector in Russia and its regions. Activities on modernization of the health system, conducted in the regions, often do not lead to increase in efficiency of health care system and does not contribute to its development at the pace required. In most cases the measures are «one-sided» (does not take into account all the problems of the field) and are not subject to a single system of values, ideas, visions and goals for the development of health.

Table 2. Life expectancy at birth among men and women in different countries and crude death rate in 2013

Country	Life expectancy, years	Death rate (deaths/1000 persons)
<u>United States</u>	79,56	8,39
<u>Norway</u>	81,6	9,21
<u>Switzerland</u>	82,39	8,08
<u>Netherlands</u>	81,12	8,48
<u>Austria</u>	80,17	10,31
<u>Canada</u>	81,67	8,2
<u>Germany</u>	80,44	11,17
<u>Denmark</u>	79,09	10,21
<u>Luxembourg</u>	80,01	8,52
<u>France</u>	81,66	8,96
<u>Belgium</u>	79,92	10,7
<u>Sweden</u>	81,89	10,22
<u>Ireland</u>	80,56	6,41
<u>United Kingdom</u>	80,42	9,33
<u>Finland</u>	79,69	10,42
<u>Spain</u>	81,47	8,94
<u>Italy</u>	82,03	10,01
<u>Portugal</u>	79,01	10,91
<u>Greece</u>	80,3	10,9
<u>Russian Federation</u>	70,16	13,97

Source: OECD Health Data, 2014; WHO World Health Statistics, 2014 [WHS, 2014, OECD Health Data, 2014]

Presently, the government of the Russian Federation is responsible for setting the goal to improve the socio-economic policy of the health care system development in regions. All regions differ by their socio-economic

development and demographic parameters. Thus, there is a need to develop a socio-economic policy for every region separately. The policy should take into account the interests of the population of a particular region, weakness and strength of its internal potentials.

Socio-economic policy of regional health care development, in our view, is a system of values, goals and the resulting set of socio-economic activities of the state (Federal and regional) authorities, and other entities representing the interests of the region, aimed at improving regional health taking into account the peculiarities of its strategic potential.

The general aim of the development of health care policy is improving the health system taking into account modern trends in the functioning of the region and its characteristics with the aim of preserving and strengthening the health, welfare and enhance socio-economic development of the region. Socio-economic policy of regional healthcare development not only constructs the type and direction of development of the health care system, but also facilitates the transition to a new, more sophisticated level, which ultimately will lead to real improvement in the health and welfare of the region and the country as a whole.

As a policy object, we can highlight the interests and values of the population of the region in the field of health. The subjects of policy are the state authorities of the region, social groups, organizations and institutions, who can participate in the regulation of the activities of the health system, make management decisions and ensure their implementation, change social relations in accordance with their interests and goals.

We believe that the formation and implementation of the socio-economic policy of regional health care development should be based on the following principles, which are given in table 3.

Table 3. The principles for the design and implementation of the socio-economic policy of regional health care development

Principles	The essence
Scientific validity	Assumes the use of achievements of scientific research and generalization of practical experience in the field of Economics and healthcare management, scientific foresight and forecasting.
Systemic	Assumes ensuring the unity of all elements of the socio-economic development of health care: a sequence of stages in its development and implementation, complexity of activities, linkages and coherence of policy actors.
Strategic orientation	Policy of health care development includes long-term targets and activities of the strategic nature, formed on the basis of advantages of the field's strategic potential, available reserves.
Rational use of resources	Implies efficient use of the resource potential of the health care system in order to achieve maximum health, economic and social performance.
Focus on the interests of the patient	Policy of health care development should be focused on the preservation and strengthening of health of each individual that will lead to the growth of the potential of the entire society. The choice of directions of policy implementation should be determined by the specific interests of individual groups.
Partnership of government and business	Provides active interaction of public authorities and business objectives and strategic guidelines of the policy, optimization of resource support of ongoing activities aimed at achieving significant social effects.
Consistency of interests of policy's subjects	The formation of the conglomerate of targets, interests of different stakeholders of the policy and mechanism for coordination and implementation

2.2. Methodological basis for the formation and implementation of socio-economic policy of regional health care development

For the formation and implementation of socio-economic policy of regional health care development we offer the methodical approach based on the evaluation of the strategic potential of regional health care by the set of indicators that form the system assessment, taking into account their structure and adaptation to the specific socio-economic system. The process of policy formulation and implementation, in our opinion, is carried out in 4 stages (figure 1).

To ensure complete consideration of all factors in the formation of the socio-economic policy of healthcare development it is reasonable to use a systemic approach and multidimensional analysis of healthcare potential. It should be borne in mind that the health care of a region is an open socio-economic-technical system, which operates under the influence of a significant impact of the external environment and can be described in terms of system analysis (figure 2).

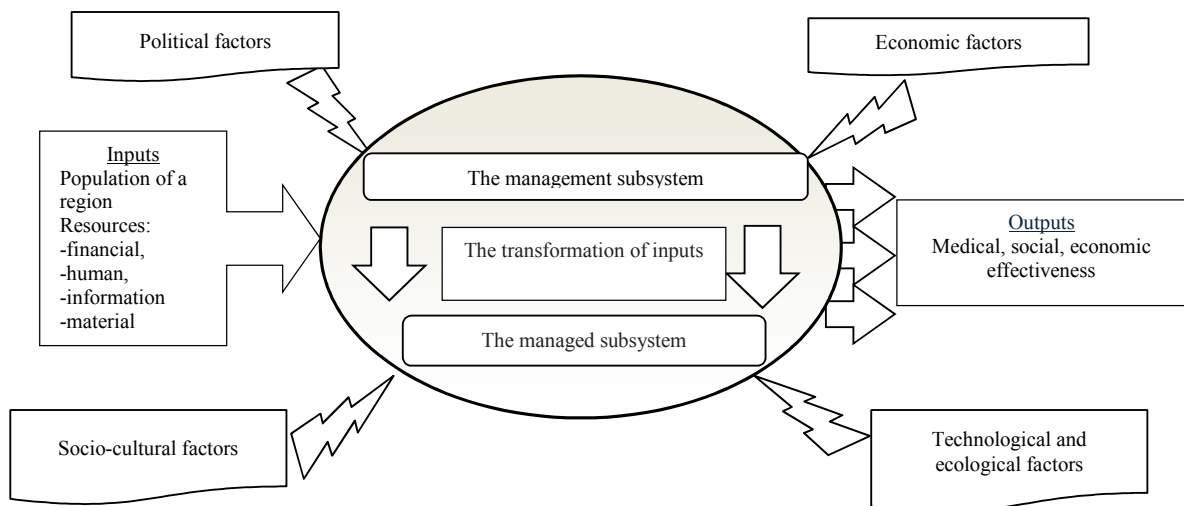


Fig. 1. Health care of a region as an open system

STAGE 1. INITIATION OF THE POLICY	
Events	Clarification of directions and priorities of state policy in the sphere of healthcare
	Identification of problems in the healthcare system of the region and their ranking
	Identification of the objectives and values of the policy, its mission and strategic vision
Result	Identification of key problems in the health sector, the formulation of the goals and objectives of the subjects of health care management in the region
STAGE 2. THE EVALUATION OF THE STRATEGIC POTENTIAL OF THE HEALTH CARE SYSTEM	
Events	The analysis of the strategic environment of the regional health care system
	Assessment of internal capacity of the regional health care (SWOT analysis and other types of matrix analysis)
	Quantitative assessment of the impact of factors of external and internal environment of the regional healthcare on the change in the level of morbidity
	The formulation of key strategic and tactical directions of health care development
	The timing of implementation strategies, identification of key performers
	Determination of final effects (standards) for the different participants of the policy
Result	Socio-economic policy of the regional health care development, enshrined in regional target programs and strategies adapted to the specific socio-economic system
STAGE 3. IMPLEMENTATION AND MONITORING OF THE POLICY	
Events	Practical actions of the regional public authorities: the choice of methods and strategic implementation of technologies
	Operational monitoring of policy implementation
Result	The ultimate effects of management actions (a decrease in morbidity, improvement of physical and economic access to health care, an increase in high technology medical aid and other)
STAGE 4. ASSESSMENT OF THE POLICY	
Events	Evaluation of the effects, identifying deviations from the standard
	Regulation (correction) of the policy
Result	Projects targeted programs and strategies aimed at improving the socio-economic policy of regional health care development

Figure 2. Structural diagram of the methodological approach to the formation and implementation of the socio-economic policy regional health care development

The sub-system "inputs" is formed by the incoming patients needing medical services, and resources of the external environment for the industry. The transformation of inputs is performed by the internal environment through the

provision of medical care by health care institutions, the characteristics of which can be the quality of care, professionalism of management and medical staff, equipment, etc. The activity of the system focused on the transformation of inputs", is directly dependent on the external environment. From the point of view of management, the internal environment includes two sub-systems: management, one which is presented in Kursk region by the Health Care Committee, and managed one, integrating the totality of health care institutions and infrastructure organizations. The sub-system "output" includes medical, social and economic performance.

Under the strategic capacity of the health system in the region, we understand the integrated system, including resource potential, presented by the personnel, financial and logistical components, and managerial capacity (i.e. the competence of subjects of management), the interaction of which ensures achievement of strategic goals and sustainable development of regional health care.

The order of the analysis and evaluation of the strategic potential of the health care system is presented in figure 3.

Analysis of the strategic environment is the starting point of the strategic planning process. The study of environmental factors is carried out using STEP - analysis. The study is based on 5 main groups of factors: socio-cultural (incidence, sex-age structure of the population, the disabled, etc.), technological (innovation and development in the field of health, etc.), economic (the GRP, the share of health expenditure in GDP, the average level of wages, including in health care, unemployment, etc.), the political-legal (normative legal acts of the Federal and regional levels in the field of health), environmental (ecological situation in a region). Since the research object is not able to influence these factors in the external environment, the authorities need to know about their changes to adapt to external

1. Analysis of the strategic environment				
Economic factors	Socio-cultural factors	Political factors	Technological factors	Ecological factors
2. Assessment of internal capacity of the health care system in a region				
2.1. Management capacity research				
The specific of organization of regional healthcare		Features of management in the sector		
2.2. Analysis and evaluation of resource potential				
Financial	Human		Technical	
3. SWOT-analysis				
"Growth zone"	"Problem areas"	Opportunities of the external environment	Threats of the external environment	
4. The construction of economic-statistical model of the influence of factors of external and internal environment on the regional health care				
5. Development of strategic directions of health care development in the region				

Fig. 3. The order of the analysis and evaluation of the strategic potential of the health care system

opportunities or threats, to ensure effective adaptation to the environment and fostering strategic positions.

The effectiveness of the health care system is largely determined by the state of its internal environment. It allows the industry to operate, develop and innovate. Thus, the development of internal capacity has a direct impact on improving the quality, accessibility of health care for the population and, consequently, to strengthening its health, which is a determining factor in the socio-economic development of the region as a whole. Analysis of internal environment allows to set the health benefits and the problems hindering its development, to make a systematic assessment of the functioning of the industry, to identify priorities [Vertakova, Vlasova, 2013].

The specific of health care organization, generated by the presence of institutions in various fields and specializations, determines the amount of medical care and its structure. Features of management in the sector are implemented in the characteristics of the subjects of management of the health system, the specifics of the activities for the development of the industry and the characteristics of goal setting. Thus, when assessing the level of funding of health it's necessary to take into account the revenue and expenditure of funds in various areas, as well as to analyze the financial performance of territorial Programs of state guarantees. When assessing human capacity it's necessary to consider the level of availability of medical personnel for the region's population, the extent of their training, the level of material incentives for medical personnel, etc. Evaluation of material and technical base should include an analysis of the availability, condition and movement of assets, analysis of the work of hospital beds of health institutions of the region, etc. Final stage of analysis of the health care potential implies the identification of "growth areas" and "problem areas".

The method of evaluation of the strategic potential of the healthcare system in a region was tested by the example of Kursk region. It should be noted that since the beginning of the implementation of priority national projects in the field of health care in the region, positive trends have been realized. However, a number of unresolved problems of resource potential have remained anyway.

During the analysis of the financial resources of the health care system for 2011-2013 a tendency of growth of total funding from three sources (annual average of 22.1%) were revealed, and to a greater extent at the expense of the Federal budget (23%), due to the implementation of national projects and programs of modernization of health care in Russia. But there was a low rate of growth of extra-budgetary funds which was only 1.5%.

The evaluation of personnel potential revealed the trend of reducing the number of medical personnel by 0,86% annually. In our opinion, this is due to the mismatch of excessive personnel load which confirms a high level of part-time positions, at an average of 1,43, and the low level of remuneration [Vlasova, 2013].

This allowed not only to determine the "growth areas" and "problem areas" of the health care system of Kursk region (table 4), but also to conduct its strategic positioning among other similar systems using the author's system of indicators (table 5).

Table 4. Key factors affecting the development of the health system

"Growth areas"	"Problem areas"
Health financing	
The reduction in the deviation of the actual funding of the Territorial programs of state guarantees from calculations	Insufficient financing of the Territorial Programs of state guarantees
Increased funding for health from all sources	The decrease in revenue from paid medical services
	Insufficient financing of target programs
Personnel	
The growth in the number of doctors, nurses and other staff	The reduction in the number of junior medical staff
A high proportion of the population with medical staff	A high level of part-time positions
The increase in salaries of medical personnel	Low level of qualifications of medical personnel
Increase in the proportion of young professionals	Low wages of the middle and junior medical staff
	The lack of IT-specialists in the field of health care
Material and technical support	
The increase in the value of fixed assets of health care institutions	The lack of a single, centralized approach to managing the process of computerization in health care sector
The growth in the use of high-tech medical equipment	The lack of a unified legal and organizational-methodical bases of functioning and use of information systems
The growth of healthcare informatization	Inadequate equipping of health facilities with computing and office equipment, which can be used to support the process of health care delivery.
	A high degree of depreciation of fixed assets

Table 5. Indicators for assessing the strategic potential of the health care system of Kursk region

Indicators	Value of indicators in 2010-2013
Dynamics of health care financing	The rate of increase in total funding is 22.1%
The dynamics of revenues from paid medical services	The reduction in the rate of growth (- 3.9 percent)
The deviation of the actual funding of the Territorial programs of state guarantees from the calculated one.	The deviation is reduced from 41% to 25%.
The level of financing of target programs in the sphere of health	The actual amount of funding targeted programs is 96%.
Dynamics of the number of medical personnel	The rate of increase in the number of posts of medical personnel is (-0,9%), paramedical staff (-7,6%), medical personnel 1,4% and the nursing staff is 0,7% (in Russia - (-0,6%)), other staff is 1,3 percent.
The provision of the population with medical personnel.	The level of doctors and nursing staff is 48,8 and 103,1 posts per 10 thousand, respectively, which is higher than the Russian average indicator (44,1 posts and 94.3 per 10 thousand people), however, there is a tendency of reducing the availability of medical personnel by 7.2% annually
The level of part-time workers and completeness	The staffing ratio is on average of 0,94 (Russia-0.91) and that more is achieved by combining

of medical workers	positions (the coefficient is 1,32, in Russia-1,5) marked the lowest coefficient of staffing medical staff (0,88) along with the highest rate of part-time (1,43)
Dynamics of wages of medical personnel	The annual rate of growth of the level of remuneration of medical staff is 9%
The level of qualification of medical personnel	60% of health workers have qualification category, including the highest one- 38,8%.
Sex-age structure of medical personnel	Women predominate in all categories of personnel: doctors -70%, nurses - 96,1% other - 90%, with the predominant age category of 36 years (by 38,06%). Men also dominated by young professionals at 36 years -26,44%.
The dynamics of the value of fixed assets of the regional health care	The annual rate of increase in the value of fixed assets amounted to 26,4% largely due to the earmarking of funds under the program "Modernization of healthcare in Kursk region"
The state of the fixed assets of public health	Average physical deterioration of buildings and facilities of medical institutions is 53%.

To identify the relationship between the performance indicator of the regional healthcare system and its resource potential, development of management and financing mechanisms multivariate correlation and regression analysis was carried out. As a performance indicator the incidence of Kursk region was considered (figure 4). In the proposed model, the degree of materiality of the impact factors (table 6) on the performance indicators decreases in the order of growth of their numbers: factor F1 is the most significant (coefficient of pair correlation between the two variables in absolute value more than 0,7), for factor F2 the pair correlation coefficient between two variables in absolute value is more than 0,4, but less than 0,7, and the least important factor F3 (coefficient of pair correlation between two variables in absolute value is less than 0,4).

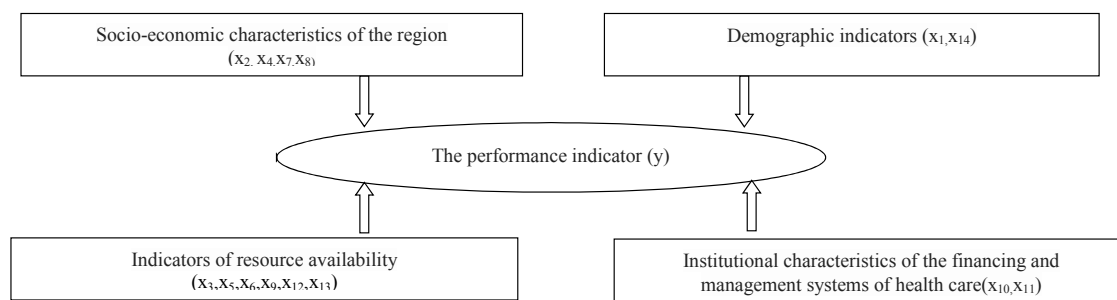


Fig. 4: Factors influencing the performance indicator

Table 6. The influence of factors on the performance indicator (y)

X	Indicators	Influence
Factors F1		
X ₂	The value of gross regional product per capita, 1000 rubles.	-
X ₄	The average income per capita per month, rubles	-
X ₇	The share of expenditures on health services in total household expenditure, %	-
X ₈	The growth rate of prices for paid medical services	+
X ₉	The size of public funding of health care per capita, rubles	-
X ₁₀	The share of funds of compulsory health insurance (CHI) in the financing of the territorial programs of state guarantees,%	-
X ₁₁	The deviation of the actual funding of the Territorial programs of state guarantees from the calculated value,%	+
X ₁₂	Availability of medical personnel, number of posts to 10000 people.	-
X ₁₅	The level of training of health personnel,%	-
X ₁₆	The value of fixed assets of health care institutions, 1000000rub/10000people.	-
Factors F2		
X ₁	The proportion of the population below and above working age,%	+
X ₁₄	The proportion of rural residents in the region's population,%	+
X ₁₃	Bed turnover	-
Factors F3		
X ₃	The level of part-time medical staff	+
X ₅	Bedspace hospitals	-
X ₆	The number of medical institutions	-

To determine the most significant factors from the group F1, the coefficients of multiple correlation was used, it was found that in order to construct the regression model it is reasonable to use four factors: (x_9), (x_{10}), (x_{12}), (x_{16}).

A multiple regression equation has the form:

$$y=411,76-10,62x_9-0,01x_{10}-0,56x_{12}-6,82x_{16}$$

Thus, it was found that to improve the efficiency of the health care system of the Kursk region in the socio-economic policies there is a need to focus on increasing funding, improving the medical staff, as well as on investments in the modernization of material and technical base of health care institutions.

2.3. Priority areas of socio-economic development of the health care system in the region of the Russian Federation

The priority directions of social and economic policy of development for the regional and Federal levels were grounded, based on the study of health system capacity. It was found that to improve the formation and implementation of socio-economic policy it's necessary to use integration of institutional, economic and social transformation in health care. On the basis of system analysis key strategic and tactical directions of such transformations were developed, which include:

1. Improvement the efficiency of the financial operations of health care institutions: enhance the attraction of funds from extra-budgetary sources, development of paid medical services in the private health sector, development of public-private partnership (PPP) (the adoption of the regional law and the creation of a specialized regional PPP center to coordinate the activities of the authorities and the business community in the implementation of investment projects in health care).

2. Improvement of staff: increase in training and retraining of all categories, the training of specialists with expertise in project management in health care on a PPP basis, the additional involvement (intra - and inter-regional migration) of doctors, nurses and other medical staff for the purpose of reducing the load of the available medical personnel, measures to improve social protection of medical workers (in the framework of the regional target programs - providing lump sum payments to doctors, preferential seats and co-financing of stay in kindergartens, subsidies for doctors working in rural areas and providing them with housing, etc.).

3. Restructuring of the material and technical base through: increasing the utilization of equipment, purchase of new medical equipment and regular upgrading, improve the level of informatization of health (creation of a single data center, the introduction of universal electronic cards of the patient, the creation of electronic registries, conduct remote medical conferences with doctors, creating web sites etc.).

4. Improving the efficiency of operational and strategic management of the sector through: the use of methods based on modern concepts of management and marketing, improving the system of training and retraining of health managers, the monitoring of efficiency of functioning of the health system with the involvement of population.

Systematizing the work in these areas through the development and implementation of the regional target program of the healthcare development, and adjustment of regional strategies and programs for socio-economic development was also proposed. The implementation of socio-economic policy in the proposed areas will contribute to the improvement of the health care system.

3. Conclusions

Summarizing, we note that the lag of the Russian Federation from other countries on a range of indicators of socio-economic development, as well as the accumulated complex problems of functioning and development of the health system has necessitated the development and implementation of specialized national projects, programs of modernization in this field. For the citizens of the Russian Federation, the task to develop strategies to improve healthcare in the shortest possible time needs to be set. Because Russia's regions differ significantly in terms of socio-economic development, the availability of the resource base and demographics, to achieve the objectives of the government, there is a need to develop differentiated science-based policy of health care development on the basis of modern management technologies.

We propose a methodological approach to the formation and implementation of socio-economic policy of the regional health care development, which is based on multi-dimensional assessment of its strategic potential. To ensure completeness of the various factors in the development of socio-economic policy, healthcare is presented by us as an

open socio-economic-technical system, which operates under the significant influence of the external environment.

The analysis of the strategic potential of regional healthcare system includes the following steps: analysis of the strategic environment of the field, the assessment of internal capacity and SWOT analysis, the formation of the key strategic directions of socio-economic policy of healthcare development in the region. Analysis of the strategic environment allows to identify opportunities and threats to development of healthcare, which should be the subject of continuous monitoring by management bodies of the field. Analysis of internal environment allows to set the health care advantages and the problems hindering its development to make a systemic assessment of the sector functioning and to identify priorities.

Approbation of the methodical approach was carried out with the materials of Kursk region. The complex of measures of socio-economic policy in priority areas that will contribute to the improvement of healthcare system and its objectives should be developed.

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